



BOARD OF HEALTH

# TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER  
30 PROVIDENCE ROAD  
GRAFTON, MA 01519  
(508) 839-5335 x 1119 \* Fax: (508) 839-8559  
[healthdept@grafton-ma.gov](mailto:healthdept@grafton-ma.gov)

NO.: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

TEST DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

## SOIL TESTING APPLICATION WAIVER OF LIABILITY AND RELEASE (Must attach copy of Trench Permit)

APPLICANT'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

OWNER'S NAME (if different): \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

SOIL EVALUATOR NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

TEST SITE ADDRESS: \_\_\_\_\_

ASSESSOR'S MAP: \_\_\_\_\_ ASSESSOR'S LOT: \_\_\_\_\_

New Construction \_\_\_\_\_ Repair: No increase in Flow \_\_\_\_\_ Repair: Increase in Flow \_\_\_\_\_

In consideration of the Town of Grafton processing of any applications including the Board of Health's application for a septic system installation and permits issued in connection therewith, the undersigned agree to hold harmless and release the Town of Grafton its officers, agents, employees, legal counsel and successors and assigns and said parties in their individual capacities from all claims and actions brought on account of any injuries or damages sustained or to be sustained by any person or property in consequence of any error, neglect, omission or in any manner in connection with the issuance of any permits by the Town.

Applicants, their successors and assigns agree, in consideration of the issuance of any permit or permits by the Town of Grafton, to assume all risk and liability and to indemnify and save harmless the Town of Grafton and all those herein referred to for all claims, actions, damages, costs, losses and all expenses in any manner resulting from or arising out of or connected with the issuance of said permits.

This Waiver of Liability and release contains the agreement between the parties and the terms of this release are contractual. I/WE have carefully read the foregoing release, and know the contents thereof, and I/WE sign the same as MY/OUR own free act.

**FEES:** (1.) \$325.00 PER LOT PER UNIT (2.) \$50.00 EACH ADDITIONAL HOLE AFTER (6) / SAME DAY  
(3.) 75.00 EACH ADDITIONAL HOLE / SEPARATE DAY FROM ORIGINAL TESTING

\_\_\_\_\_  
Applicant/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Owner

\_\_\_\_\_  
Date